

# CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

GILES S. PORTER, M.D., Director

## Weekly Bulletin



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GUY P. JONES  
EDITOR

## School Economics

(Continued from last issue)

Dr. Gillihan then cited some of the modern welfare work that is carried on in the big industries, such as a New York department store which employs 10,000 workers to whom a free lunch is served each day because it has been found that feeding these 10,000 workers is less wasteful and less expensive than the slowing-up in an afternoon's work which results from the noon-hour hurry on a crowded street to a hot lunch stand and gobbling unsatisfactory food, then hurrying back to work. This store even provides care, treatment and rehabilitation for its tuberculous employees. He cited references to other industries which have found it profitable to provide for the welfare of their employees.

After referring to a study of absences and repeaters in a number of the schools of Santa Barbara County made by Dr. R. C. Main, County Health Officer, Dr. Gillihan referred to similar losses through absences and repeaters in the schools of San Luis Obispo County. In Santa Barbara County, during one school year, the absences reached 89,779 days, or an average of 19 days of absence for every pupil enrolled. Estimating this loss at 65 cents per day, \$58,356.25 was lost to a few of the schools of this county through nonattendance. Dr. Main discovered that 28 per cent of the absences was due to colds in the head, sore throat, tonsillitis, and similar illness. Fourteen per cent was due to the common communicable diseases such as measles, chickenpox, mumps and like diseases. Four per cent had been exposed to some communicable disease and might develop the disease or trans-

mit it to others. Considerably more than half of all absences among school children was due to illness, much of which can be classed as preventable. In the county of San Luis Obispo during the school year 1931-32, 27,262 school days were lost in the elementary schools which, at 65 cents per day, amounted to \$17,720.30. During the same year, a total of \$22,451 was lost because of repeaters. Added to the loss through absences, the total was \$40,171.30, which sum was almost twice as great as the entire budget for the County Health Department during the same year. Dr. Gillihan concluded his paper as follows:

"Through these glasses of preventive medicine let us see what is the most important function in the schools in relation to the public health. The aim of my small department is, 'To enable the people to live a little longer, and through health and education, to enjoy more contented lives.' It would show an equal lack of intelligence in a teacher of today who tried to impart knowledge to a sick brain as it would to punish a mental defective for having no brain. Punishing a mental defective would be to go back to the middle ages when they punished insane people for being crazy. Still this very thing is being done every day in many of our elementary schools. A boy fails because he can not see the problems on the board. A very simple test would demonstrate that poor vision was his trouble. Defective vision and poor teeth are among the penalties that this generation must pay for the activities of our civilization. Every child should be examined before he enters school to discover if he has any hampering defects that will retard him in acquiring an education. When found, such defects should be corrected at once. The school nurse is most



useful in discovering these defects, and in getting them corrected. She is not the one to make these corrections, but her training is such that she makes a perfect 'liaison office' between the school with its activities, the parents with the home life, and the various agencies, public as well as private, which are interested in securing these corrections.

Modern education of the normal growing child produces in time an actual asset to society; but the child with a hampering defect becomes more and more of a liability as education, contact with society, and growth advance. In time he becomes a liability, or he may even become an actual menace to society.

*The object of modern education should be to produce generations of assets, and not to produce an increased number of liabilities.* Children with defects should have these defects corrected as soon as discovered in the endeavor to cut off the supply of probable liabilities as early in life as possible.

Being a physician, I must naturally defend the physician's services. People who can pay for a doctor's services should be required to do so; but my public health training and experience do not allow me to carry the assumption further. I do not believe in protecting the business and income of the medical profession at the expense of society. Public and private charities should be invoked when necessary to secure corrections of defects. The school nurse is the proper person to get this work done even to the breaking of a deadlock when necessary. A defect should be corrected when discovered, not delayed maybe for several years, until the parents can find money enough to pay the doctor's fee.

The school nurse's activities are not to be measured so much by the number of defects that she may discover as by the percentage of discovered defects that she succeeds in having corrected. Misunderstanding of the school nurse's duties and limitations frequently is the cause for her being unable to secure better results. I recall a recently appointed school nurse having referred to her a boy with a boil with the instructions to take care of him. When she refused to do so the school authorities were very wroth. They complained to the county health officer at whose earnest solicitation she had been appointed, telling this health officer that his nurse was no good. Here was a boy with a boil that she had refused to open; why, the school teachers had always opened and attended to these things and they expected to be relieved of such work now that a nurse had been appointed. The school authorities were very much surprised when it was pointed out to them that opening a boil was practicing medicine which the nurse had no license to do, and when the school teachers did such work they laid themselves open to damage suits. If the boy's parents could not pay for this small medical service the school nurse was the proper person to secure free services for this boy.

The stoppage of leaks is the work of the specialist but not the work of any one person no matter how well trained; frequently many specialists have to work on a single simple problem. When a teacher finds that a boy is unattentive and seems to tire out mentally much quicker than the average child the

matter should be investigated by the school nurse. Now this nurse is not trained in the use of the stethoscope, maybe she has to take the boy to the school physician, who finds the boy undernourished and underdeveloped, but otherwise normal. On making further investigation at the home the nurse finds that the boy of ten is compelled to milk twelve cows daily before he goes to school and then frequently goes without a proper breakfast. Is there any wonder that he tires mentally before the school day is completed? To carry the example further: Possibly the parents refuse to make the advised change and give this boy less to do, the father could easily take care of these twelve cows but he believes the boy should work: 'What has he got him for, if not to work?' Surely, this is contributing to the neglect of a minor, and the juvenile court should step in. In this one case we have the teacher, the school nurse, the school physician, the parents, the judge of the juvenile court all being compelled to contribute to the prevention of a school child from becoming a repeater and growing up to be a liability to society instead of an asset. If these people do not follow their duties, the burden is thrown on those who are really trying to carry it, disturbing the balance, and just as in all machinery, when the balance is disturbed, resulting in a breakdown.

At all times, and particularly during the present time of financial depression, we should try our utmost to avoid wasting our funds—we should make every dollar count. Without giving sufficient attention to the problem we may stop an activity which we think we can do without, only to find we have caused a greater leak than the one we have stopped. The denser a population grows, the more complicated become the vital problems. The population in California is growing as rapidly as anywhere in the world and our problems are becoming more and more complicated. We desire our population to improve so that California may become a desirable place in which our children can live and enjoy life. Education must never be neglected. The main object in our lives should be to prepare our children so that they in turn will be better prepared to face their life's problems than we were, and to make a better success of them. I would rather have my son grow up to be ashamed of his father's poor education than to have a son grow up whose education would be a reflection of my neglect.

Education can not become productive until we plant it in a healthy soil. Like anything else it produces only barren results if planted on barren soil. A healthy childhood does not mean continued health for life. Besides being healthy and being freed from hampering defects, these children must be shown how to so retain their health that they will unconsciously apply this knowledge throughout life.

This knowledge can not be obtained without expenditure. May we be so guided that the purchases turn out to be assets, not liabilities."

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We demand of men that they follow the herd; we suspect them if they express doubts of the tradition.—Laski.



**FORT BRAGG EMPLOYS SCHOOL NURSE**

Fort Bragg, in Mendocino County, is not a large community but the services of a school nurse are provided and a large volume of work is accomplished in the interests of child health. In the report for the school year 1931-1932, an accounting is made of nearly a thousand home visits by the school nurse and 113 social service visits. During this time, 15 school children were taken to physicians for treatment and 18 children were taken to the county hospital. Scarlet fever attacked more children in this community during the school year than any other communicable disease. In the course of routine physical examinations, a total of 1322 physical defects were discovered in 736 children examined. Most of these defects had to do with nose and throat, teeth, glands, nervous system and posture.

At a cost of approximately \$650, milk and hot chocolate were served, at the expense of a child welfare committee, to children in the public schools. More than half of this sum of money was contributed by the parents of the children who were served lunches. Free servings were given to needy children, especially those who received no milk at home.

The county health officer conducted an immunization program throughout the county, in which every child whose parents gave consent was immunized. The county supplied the material and local physicians administered it. If parents were able to pay, they contributed \$1.00 to the physician for the administration of the immunizing material.

**REQUIREMENTS FOR INDUSTRIAL LIGHTING**

The Women's Bureau of the United States Department of Labor has issued a bulletin (No. 94) entitled "State Requirements for Industrial Lighting—A Handbook for the Protection of Women Workers Showing Lighting Standards and Practices." This publication may be of value to health officers, particularly those who serve in the industrial districts of the state. The information given in this bulletin is concise and well arranged. It is important that the workers' eyes be protected. Proper illumination is necessary for both health and safety. The standards for good lighting have been tested by experience and guessing is no longer necessary.

Even in the populous districts, the practice of medicine is a lonely road which winds uphill all the way, and a man may easily go astray and never reach the delectable mountains unless he early finds those shepherd guides of whom Bunyan tells, Knowledge, Experience, Watchful and Sincere.—Osler.

**TUBERCULOSIS RECORD FOR 1931**

Dr. Frederick L. Hoffman, Consulting Statistician, has a most illuminating article in *The Spectator* for September 15, 1932, in which he states that in 1931 the pulmonary tuberculosis death rate reached the lowest figure on record. For 59 American cities a rate of 63.2 per 100,000 was obtained, as compared with a rate of 174.4 in 1910. He states further:

"In the history of human diseases, there is nothing to compare with this comparatively rapid decline in what at one time was the leading cause of death, and it is altogether fitting that the fiftieth anniversary of the discovery of the essential cause of tuberculosis by Dr. Robert Koch should be made the occasion of memorials commemorating one of the greatest events in preventive medicine."

Dr. Hoffman mentions the intensive warfare that is being carried on against tuberculosis by federal, state and local governments, but he emphasizes the fact that it is hardly realized that what remains to be done involves infinitely more determined efforts than the earlier warfare against the disease, when it prevailed to a universal extent, affecting all strata of human society. The fundamental reasons for the reduction in the pulmonary tuberculosis mortality rate, according to Dr. Hoffman, are, first, vast economic improvements in the conditions of living, affecting the major portion of the population; second, curtailed working hours of wage-earners; third, immense improvement in shop or working conditions, yielding better air and ventilation, more sunshine, and particularly less industrial dust.

He refers to the observations on England's mortality from tuberculosis, as reported by Sir George Newman, Chief Medical Officer, Ministry of Health. In England, in 1847, the tuberculosis mortality rate was 318.9 per 100,000 population, which by 1911 had been reduced to 103.5 and in 1930 to 63.5. The mortality rose during the war years, but not as much as was generally assumed to be the case. Probably nowhere in the world is the control of tuberculosis in all forms more actively encouraged than in the United Kingdom.

It would seem, after reading Dr. Hoffman's article, that the greatest mass results in the control of tuberculosis have already been achieved. In the future, efforts in the control of this disease must be intensified along lines of medical treatment and research. It would seem that now in the control of tuberculosis we are concerned more with a disease than with a social condition.

If ever the human race is to be roused to its highest practical level, intellectually, morally, and physically, the sciences of medicine will perform the service.—Descartes.



## INTER-CHAMBER HEALTH CONSERVATION CONTEST PROGRESSES

Schedules upon which the awards will be based in the Inter-Chamber Health Conservation Contest have been distributed to the various cities which have been entered. A number of California cities have entered this competition and it is believed that many of them are well qualified for capturing the awards which are offered by the United States Chamber of Commerce for the best record of health conservation activities carried on during 1932. The schedule of activities upon which the contest is based covers the principal standard activities in public health practice. To capture an award in this contest carries great significance.

## THIRD ANNUAL POST-GRADUATE SYMPOSIUM ON HEART DISEASE

Encouraged by the widespread interest manifested in last year's heart clinics, the Heart Committee of the San Francisco County Medical Society and of the San Francisco Tuberculosis Association has decided to hold another clinical symposium on heart disease, November 16 and 17, 1932. The course will consist of lectures and discussions of the various phases of heart disease with clinical demonstrations. All physicians will be welcome. Program will be mailed on request to Heart Committee, 604 Mission Street, San Francisco.

## MORBIDITY\*

### Diphtheria.

60 cases of diphtheria have been reported. Those communities reporting 10 or more cases are as follows: Los Angeles 19.

### Influenza.

450 cases of influenza have been reported. Those communities reporting 10 or more cases are as follows: Los Angeles County 12, Alhambra 10, Los Angeles 82, Monterey County 300.

### Measles.

21 cases of measles have been reported, the cases being scattered over the State.

### Scarlet Fever.

79 cases of scarlet fever have been reported. Those communities reporting 10 or more cases are as follows: Los Angeles 31.

### Whooping Cough

130 cases of whooping cough have been reported.

\* From reports received on October 24th and 25th for week ending October 23d.

Those communities reporting 10 or more cases are as follows: Los Angeles County 11, Los Angeles 17, San Francisco 13.

### Smallpox.

One case of smallpox from Butte County has been reported.

### Typhoid Fever.

14 cases of typhoid fever have been reported, as follows: Berkeley 1, Fresno 1, Brawley 1, Claremont 1, Los Angeles 4, Madera 2, San Joaquin County 1, San Mateo County 1, Tulare 1, California 1.\*\*

### Leprosy.

One case of leprosy from Los Angeles County has been reported.

### Poliomyelitis.

4 cases of poliomyelitis have been reported, as follows: Los Angeles 1, San Francisco 2, Stanislaus County 1.

### Encephalitis (Epidemic).

2 cases of epidemic encephalitis have been reported, as follows: Long Beach 1, San Francisco 1.

### Food Poisoning.

6 cases of food poisoning have been reported, as follows: Los Angeles County 3, San Gabriel 3.

### Undulant Fever.

One case of undulant fever from San Marino has been reported.

### Coccidioidal Granuloma.

One case of coccidioidal granuloma from Los Angeles has been reported.

### Septic Sore Throat.

One case of septic sore throat from Oakland has been reported.

### Psittacosis.

One case of psittacosis from Pasadena has been reported.

### Anthrax.

One case of anthrax from Stanislaus County has been reported.

\*\* Cases charged to "California" represent patients ill before entering the State or those who contracted their illness traveling about the State throughout the incubation period of the disease. These cases are not chargeable to any one locality.